

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 10 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 160198

**1. Corporation Name**

The Shepard Dykes Company

400024573374  
11/10/03--01100--018 \*\*150.00

**2. Principal Office Address**

510 E. Zaragoza

**3. Mailing Office Address**

P.O. Box 699

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Summerdale, AL

Zip

32501

Country

USA

Zip

36580

Country

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
-To Do Business in Florida**

1/13/1950

**5. FEI Number**

596071255

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Jeffrey T. Sauer

Street Address (P.O. Box Number is Not Acceptable)

510 E. Zaragoza

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32501

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/17/03

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Howard R. Robbins	P.O. Box 699	Summerdale, AL 36580

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-02-03 251 454-7766

Daytime Phone #

CR2081 (10/02)

Howard R. Robbins  
P.O. Box 699  
Summerdale, Al. 36580

November 2, 2003

Florida Department of State  
Secretary of State's  
Division of Corporations

RE: Corporate re-instatement of The Shepard Dykes Company

I am president and director of this company. I became so after purchasing this corporation from the bankruptcy court about May of this year. Neither I, nor my attorney who is the registered agent for this company ever received any notice of filing or cancellation. I called your number and received a recorded message that said if I had not received notice to sent the proper amount, I suppose \$ 150.00 and a letter stating I had not received notice. This is what I am attempting to do. I hope this meets with your approval. IF not please let me know immediately, and why. Thank you.

Please send all future notices to Howard Robbins, P.O. Box 699, Summerdale, Al. 36580.  
Thank you,

Sincerely yours,



Howard Robbins